

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
DIVISION DOCUMENT REVISION NOTICE

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by BOLD print and the symbol [X]. The attached matrix includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around the effective date. Please direct any questions regarding this Division document revision notice to Margaret Russell at (602) 364-4658 or via electronic mail at russelm@azdhs.gov.

DIVISION DOCUMENT	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE
REVISION [X]		[X]		
DIVISION DOCUMENT	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
REVISION [X]				

ADHS/DBHS POLICY AND PROCEDURES MANUAL MI 5.2, *Community Service Agencies – Title XIX Certification*

Effective Date: 4/1/08

Section	Page(s)	Description of change
PURPOSE	1	Purpose section rewritten to clearly indicate ADHS/DBHS and AHCCCS' expectations for agencies intending to become Community Service Agencies. Expectations of T/RBHAs also added to clarify T/RBHA responsibilities.
SCOPE	1	Section revised with minor edits
POLICY	1	Section revised with minor edits
REFERENCES	1-2	References updated to reflect federal and state laws, contract and ADHS/DBHS document requirements contained within the policy
DEFINITIONS	2-3	<p>Definitions for Behavioral Health Professional, Behavioral Health Technician and Behavioral Health Paraprofessional added to policy (deleted previous Attachment 10)</p> <p>All definitions hyperlinked</p> <p>Definition for Behavioral Health Technician updated to be consistent with ADHS/DBHS Provider Manual Section 3.20, <i>Credentialing and Privileging</i></p> <p>Definition for Community Service Agency added using definition from the AHCCCS Medical Policy Manual</p> <p>Definitions for Tier I and Tier II Rehabilitation and Support Services updated to identify staff qualifications required for each set of services</p> <p>Definition for "CSA Contractor" added</p> <p>Definition for "Volunteer" added</p> <p>Definition for "Behavioral Health Work Experience" added</p> <p>Definition for "Clinical Team" added</p>
PROCEDURES	3-8	<p>1.a. Contact information updated to the ADHS/DBHS Policy Office. Added required "Intent to Contract" form and added T/RBHA contract/IGA language regarding selection of providers.</p> <p>1.b. Added requirement for CSA applicant to check staff references</p> <p>1.c. and d. Language added to clarify responsibility of T/RBHAs to only submit clear, accurate and complete application packets to the ADHS/DBHS Policy Office</p> <p>1.e.3. Added language to clarify that staff must receive required training before providing behavioral health services</p> <p>1.e.4. Added language requiring CSAs to register with the AHCCCS Provider Registration Office</p>

		<p>1.f. Statement added to clarify that a CSA application is required for each CSA location to ensure that physical plant requirements are met</p> <p>2.a. Increased timeframe of renewal notice from 60 days to 90 days</p> <p>2.b. Clarified responsibility of T/RBHA submission of CSA renewal applications when CSA contracts with more than one T/RBHA</p> <p>2.c. Increased timeframe of CSA renewal application submission to T/RBHA from 45 days to 60 days. Added clarification that documents will be considered valid and current, even if the documents have an expiration date that falls within the application review period.</p> <p>Footnote: Added to indicate that CSAs are required to obtain a National Provider Identification Number</p> <p>2.e. Increased timeframe of CSA renewal application submission to ADHS/DBHS from 7 days to 30 days</p> <p>2.g. Added clarification that CSAs must submit renewal applications in a timely manner to avoid termination of AHCCCS Provider Identification numbers</p> <p>3.a. Added clarification to circumstances requiring an amended CSA Certificate</p> <p>3.b. Added clarification that a current passing fire inspection and Occupancy Permit are required with a change of address</p> <p>3.d. Added requirement of CSAs to notify the AHCCCS Provider Registration Office when their certificate is amended</p> <p>4.a. Fingerprint clearance card requirements updated to be consistent with A.R.S. § 36-425.03</p> <p>4.b. Added clarification for requirements when there are changes to the T/RBHA/CSA contracts (i.e., termination of contract, reduction of services) and added requirement to ensure transition of behavioral health recipients</p>
Exhibit 1	8	Requirement 13. Added clarification that only an "official" current passing fire inspection will be accepted (see also footnote 5)
Exhibit 2	9-11	<p>Requirement 3. Updated documentation requirement for references</p> <p>Requirement 6. Updated statement to indicate that an insurance card is used as evidence of current liability insurance coverage</p> <p>Requirement 10. Added reference to ADHS/DBHS Provider Manual Section 9.1, <i>Training Requirements</i></p> <p>Footnote 5. Added clarification that unofficial transcripts will not be considered credible evidence of completing high school</p> <p>Footnote 6. Added clarification that trainings that do not match training titles indicated in the policy must be matched up to ensure</p>

		<p>staff have received required training and added statement that training documents must be signed and dated</p> <p>Footnote 7. Added clarification that CPR and First Aid documentation must be signed by the instructor (i.e., online CPR and First Aid will not be accepted)</p> <p>Footnote 8. Added clarification that TB test results must clearly indicate that staff are medically clear to provide services</p> <p>Requirements 14 and 15. Updated Fingerprint Clearance requirements to be consistent with A.R.S. § 36-425.03</p> <p>Footnote 9. Added clarification that fingerprint clearance cards are required every six years</p>
PROCEDURES	11-20	<p>6.a. Updated circumstances by which a CSA Certificate would be denied, suspended or revoked</p> <p>6.b. Updated list of criminal acts to be consistent with A.R.S. § 41-1758.03</p> <p>6.e. Added language to indicate that all T/RBHAs holding contracts with a CSA will be notified if the CSA's Certificate has been denied, suspended or revoked</p> <p>7.b. Added requirement that CSAs have a copy of behavioral health recipients' service plans, and failure to have copies of service plans is subject to corrective action</p> <p>7.c. Added language to indicate that T/RBHAs may utilize the Notice of Deficiency form (Attachment 7) to review applications for completeness and accuracy</p> <p>7.g. Added language indicating that T/RBHAs may implement corrective action plans for CSAs</p> <p>8.c. Updated requirement that appeals of denials, suspensions or revocations of CSA Certification must be sent to the ADHS/DBHS Office of Grievance and Appeals</p> <p>9. Updated Complaints section to distinguish between already established complaint process contained in Policy and Procedure Manual GA 3.6, <i>Complaint Resolution</i>, and complaints regarding CSA Certification that the ADHS/DBHS Policy Office can address</p> <p>10. Records section updated to be consistent with AHCCCS requirements and requirements established in 42 CFR Parts 440 and 441 (Medicaid Program; Coverage for Rehabilitative Services). Added Attachment 9 as a required form.</p> <p>11. Added requirements regarding T/RBHA Certification Audits, including development of audit tool, approval of tool by ADHS/DBHS, frequency of audit, scope of audit and results of audit</p>
Attachment 1, Community Service Agency Title XIX Certification Initial Application		
All		Separated Initial application from the Renewal application and

		Amendment to a Certificate
Provider Information	1	Added Magellan and White Mountain Apache Tribe to list of T/RBHAs Footnote 1. Added requirement to include all addresses where services are provided (with the exception of home addresses)
Services Provided	1-2	Updated service list to be consistent with the ADHS/DBHS Covered Behavioral Health Services Guide Added subsection to identify age group of behavioral health recipients the CSA will be serving
Program Description	2	Added requirement to include a program description
Direct Service Staff Member/Contractor List	3	Entire section re-done Hire date added Attestation by Program Director added
Direct Service Staff/Contractor Checklist	4-5	Entire section re-done to provide clear expectations of required documentation
Instructions	8	Added language to indicate that documents purchased online (i.e., CPR/First Aid, high school diploma) will not be considered credible documentation Updated address for CPSA and added contact information for Magellan and White Mountain Apache Tribe
Attachment 2, Community Service Agency Title XIX Certification Renewal Application		
All		New attachment – replaces previous Attachment 2, <i>AHCCCS Letter</i>
Attachment 3, Community Service Agency Title XIX Amendment		
All		New attachment – replaced previous Attachment 3, <i>Direct Service Staff or Contractor Reference Form</i>
Attachment 4, Direct Service Staff/Contractor Reference Form		
All		Replaced previous Attachment 4, <i>Fingerprint Clearance Card</i> Updated form to require list of individuals who may be contacted as references for the direct service staff/contractors and to require that the person checking references verify that he/she did contact the references Added requirement of Program Director signature to verify that references have been contacted and used to gather information for employment of direct service staff/contractors
Attachment 5, Community Service Agency Criminal History Affidavit		
All		Replaced previous Attachment 5, <i>Applicant Fingerprint Clearance Card Application</i> Updated attachment to be consistent with A.R.S. § 41-1758.03
Attachment 6, Self Declaration of Criminal History		
All		Replaced previous Attachment 6, <i>Criminal History Affidavit</i> Updated attachment to be consistent with A.R.S. § 41-1758.03, in agreement with AHCCCS and pursuant to 42 CFR § 438.214(e)
Attachment 7, Notice of Deficiency		

All		<p>Replaced previous Attachment 7, <i>Self Declaration of Criminal History</i></p> <p>Updated form to serve as a checklist of requirements identified in MI 5.2</p>
Attachment 8, <i>Community Service Agency Title XIX Certificate</i>		
All		<p>Replaced previous Attachment 8, <i>Notice of Deficiency</i></p> <p>Added Certification Effective Date, Renewal Date and Amended Date</p> <p>Added Transportation to list of services provided</p> <p>Updated T/RBHA Affiliation to include Magellan and White Mountain Apache Tribe, removed "Other" option</p> <p>Added requirement for CSAs to submit the Certificate to AHCCCS when the Certificate has been amended</p>
Attachment 9, <i>Community Service Agency Daily Clinical Record Documentation Form and Monthly Summary</i>		
All		<p>Replaced previous Attachment 9, <i>Title XIX Certificate</i></p> <p>Entire attachment re-done – this required form replaces the previous suggested clinical record documentation form</p> <p>CSAs will be required to use the new form to be in compliance with Medicaid requirements (see 42 CFR Parts 440 and 441)</p>
Attachment 10, <i>Intent to Contract Form</i>		
All		<p>New Attachment – replaced previous Attachment 10, <i>Definitions</i></p> <p>Attachment requires T/RBHAs to verify contractual relationship/intent to contract with CSAs (ensures that T/RBHA Affiliation documented on Title XIX Certificate is true and correct)</p>